



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: MARION GENERAL HOSPITAL

City of Hospital: Marion

Year Begin: 07/01/2019 (mm/dd/yyyy format)

Year End: 06/30/0020 (mm/dd/yyyy format)

Person Completing the Report: Karen Chalk

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Medicare Provider Number: 150011

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$101114469
Outpatient Patient Service Revenue	\$423859271
Total Gross Patient Service Revenue	\$524973740

2. Deductions From Revenue

Contractual Allowance	\$312367497
Other Deductions	\$28943522
Total Deductions	\$341311019

3. Total Operating Revenue

Net Patient Service Revenue	\$183662720
Other Operating Revenue	\$6748960
Total Operating Revenue	\$190411680

4. Operating Expenses

Salaries and Wages	\$73494677	Employee Benefits	\$16428391
Depreciation and Amortization	\$11093170	Interest Expense	\$1882229
Bad Debt	\$-90171	Other Expenses	\$87312704
Total Operating Expenses	\$190121000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$290680	Total Assets	\$421263413
Net Non-operating Gains over Loss	\$6199840	Total Liabilities	\$121972074

Total Net Gains	\$6490520
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$216069646	\$160487123	\$55582523
Medicaid	\$94932527	\$71466460	\$23466067
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$213971566	\$109357436	\$104614130
Total	\$524973739	\$341311019	\$183662720

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$382601	\$-382601

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$1702246	\$-1702246
Hospital Patients	\$0	\$190519	\$-190519
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	1151
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	67490

Statement Six: Charity Statement

Hospital Charity Charges	\$16111898
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$6399816	
HCI Payments	\$0		
Subtotal	\$0	\$6399816	\$-6399816
Medicaid Shortfalls	\$26432689	\$49768145	
Subtotal	\$26432689	\$56167961	\$-29735272
DSH Payments	\$0		
Subtotal	\$26432689	\$56167961	\$-29735272
Medicare Shortfalls	\$49663655	\$85822863	
Other Government Programs	\$0	\$0	
Total	\$76096344	\$141990824	\$-65894480

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$69470	\$-69470
Community Assessment	\$0	\$1175	\$-1175
Provision of Taxes	\$0	\$226574	\$-226574
Other Allocations	\$0	\$1805507	\$-1805507

Comments

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